



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name COMMITTEE TO RE-ELECT MICHELLE SMITH SCOTT FOR CENTERTOWNSHIP SMALL CLAIMS CT. JUDGE	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (317) 371-3667
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address P.O. BOX 1931	
5. City, State, ZIP Code INDIANAPOLIS, IN 46206	6. Party Affiliation (if applicable) DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) MICHELLE SMITH SCOTT	8. Party Affiliation or If Independent Candidate DEMOCRAT
9. Office Sought (Include district number, if any. Not required for exploratory committee.) CENTERTOWNSHIP SMALL CLAIMS COURT JUDGE	10. County of Residence MARION

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period: From: 10-9-10 Through: 12-31-10		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1,662.01	
14. Cash on hand and investments January 1, current year.			0

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	350.00	10,047.47
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns	SUBTOTAL 350.00	10,047.47
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 2,012.01	10,047.47

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	1,075.00	3,110.46
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns	SUBTOTAL 1,075.00	3,110.46
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 937.01	6,937.01
19. Debts OWED BY the committee (use Schedule D)	6,000.00	
20. Debts OWED TO the committee (use Schedule E)	0	

CERTIFICATION

FOR OFFICE USE ONLY

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer [Signature]	Title TREASURER	Date 1/18/11
Signature of Candidate (if applicable) [Signature]		Date 1/18/11

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

Elizabeth A. White

JAN 19 2011

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OF A POLITICAL COMMITTEE**
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Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR TO DATE	DATE RECEIVED RECEIVED BY
1. ANGELA & JOE ESPADA 222 E. 63rd St. INDIANAPOLIS, IN 46220 COLLEGE ADMINISTRATORS Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$50.00	\$50.00	10/18/10 R. SCOTT
2. JOHN PULLIAM 8744 S. JEFFERY BLVD. CHICAGO, IL 60617 RETIRED Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$100.00	\$100.00	10/19/10 R. SCOTT
3. BELINDA BRENTS 5858 WINDINGWAY LANE INDIANAPOLIS, IN 46220 PASTOR Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$50.00	\$50.00	10/19/10 R. SCOTT
4. GERALDINE GRAY 217 LOWERLINE ST. NEW ORLEANS, LA 70118 RETIRED Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$50.00	\$50.00	10/26/10 R. SCOTT
5. _____ Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. LANDMAN & BEATTY LAWYERS LLP 151 N. DELAWARE ST., SUITE P.O. BOX 44953 1150 INDIANAPOLIS IN 46244	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$100.00	\$100.00	10/13/10 R. SCOTT
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 100.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 350.00		

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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS <small>(street number city state ZIP code)</small>	RECIPIENT'S OCCUPATION <small>OFFICE SOUGHT (if applicable)</small>	TYPE OF EXPENDITURE <small>AND PURPOSE (be specific)</small>	COLUMN A <small>AMOUNT THIS PERIOD</small>	COLUMN B <small>CUMULATIVE YEAR-TO-DATE</small>	DATE OF EXPENDITURE
Code <u>0</u> PRN GRAPHICS 1051 E 54th St. Suite B INDIANAPOLIS, IN 46220	GRAPHIC DESIGN & PRINTER SMALL CLAIMS CT. JUDGE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: T-SHIRTS	275.00	275.00	10/22/10
Code <u>0</u> RICH SCOTT P.O. BOX 1931 INDPLS, IN 46206	CONSULTANT SMALL CLAIMS CT. JUDGE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: FOOD FOR VOLUNTEERS	\$100		10/30/10
Code <u>0</u> RICH SCOTT P.O. BOX 1931 INDPLS, IN 46206	CONSULTANT SMALL CLAIMS CT. JUDGE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: FOOD FOR VOLUNTEERS	\$200		11/1/10
Code <u>0</u> RICH SCOTT P.O. BOX 1931 INDPLS, IN 46206	CONSULTANT SMALL CLAIMS CT. JUDGE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PAY TO VOLUNTEERS (10)	\$300.00		11/3/10
Code <u>0</u> RICH SCOTT P.O. BOX 1931 INDPLS, IN 46206	CONSULTANT SMALL CLAIMS CT. JUDGE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PAY TO VOLUNTEERS (6)	\$200.00		11/8/10
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1,075		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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**(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the **ENDORSER'S** column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <small>(street number, city, state, ZIP code)</small>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <small>(street number, city, state, ZIP code)</small>	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
ETTA PULLIAM 4244 W. 77th St. Chicago, IL 60659 LENDER'S OCCUPATION: RETIRED		\$6000.00 CONVENTION SLATTING FEE	02/06	0	\$6,000
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 6,000
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <small>(Enter total on ITEM 19 of the Summary Sheet)</small>					\$ 6,000